

L19 000081517

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

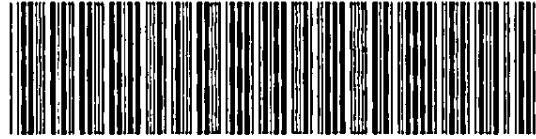
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Velasco Benefits LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Statement of Revocation of Dissolution for Florida Limited Liability Company and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Nyra Velasco

\_\_\_\_\_  
Contact Person

Velasco Benefits LLC

\_\_\_\_\_  
Firm/Company

1904 Capri Road

\_\_\_\_\_  
Address

Tampa, FL 33594

\_\_\_\_\_  
City, State and Zip Code

nyra8587@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nyra Velasco

\_\_\_\_\_  
Name of Contact Person

at ( 813 )

\_\_\_\_\_  
Area Code

960-1835

\_\_\_\_\_  
Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

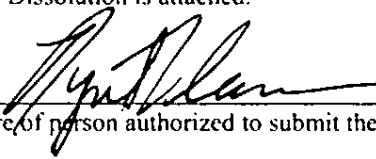
**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**STATEMENT OF REVOCATION OF DISSOLUTION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

Pursuant to section 605.0708, Florida Statutes, this Florida limited liability company revokes its articles of dissolution prior to the expiration of 120 days following the effective date (or file date, if no effective date) of the articles of dissolution.

1. The name of the company is: Velasco Benefits LLC
2. The document number of the company is L19000081517
3. The effective date the Dissolution was filed is 12/13/2021
4. The revocation of dissolution was authorized on 1/24/2022
5. A copy of the Articles of Dissolution is attached.

  
\_\_\_\_\_  
Signature of person authorized to submit the revocation of dissolution

**Filing Fee: \$100.00**  
**Certified Copy: \$30.00 (optional)**

## ARTICLES OF DISSOLUTION

Pursuant to section 605.0707, Florida Statutes, this Florida limited liability company submits the following Articles of Dissolution:

The name of the limited liability company as currently filed with the Florida Department of State:  
VELASCO BENEFITS LLC

The document number of the limited liability company: L19000081517

The file date of the articles of organization: March 25, 2019

The effective date of the dissolution if not effective on the date of filing: December 31, 2021

A description of occurrence that resulted in the limited liability company's dissolution:  
TAKING ANOTHER PATH

The name and address of the person appointed to wind up the company's activities and affairs:  
NYRA S VELASCO  
1904 CAPRI RD  
VALRICO, FL 33594 UN

I/we submit this document and affirm that the facts stated herein are true. I/we am/are aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: NYRA S VELASCO

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Electronic Signature of authorized person